

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesNational Association of Insurance and Financial Advisors Political Action Commit-
tee

ADDRESS (number and street)

2901 Telestar Court

Check if different
than previously
reported. (ACC)

Falls Church

VA

22042

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005249

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

07

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter C. Browne

Signature of Treasurer

Electronically Filed by Peter C. Browne

Date

08

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		138478.22
(b) Cash on Hand at Beginning of Reporting Period	102203.48	
(c) Total Receipts (from Line 19)	97599.53	562563.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	199803.01	701041.72
7. Total Disbursements (from Line 31)	62677.65	563916.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	137125.36	137125.36
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	23949.52	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	35061.16	157020.93
(i) Itemized (use Schedule A)	62538.37	405542.57
(ii) Unitemized	97599.53	562563.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	97599.53	562563.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	97599.53	562563.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97599.53	562563.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		1077.65	108973.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		1077.65	108973.86
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		61500.00	452500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		100.00	2442.50
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		100.00	2442.50
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		62677.65	563916.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		62677.65	563916.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	97599.53	562563.50
34. Total Contribution Refunds (from Line 28(d))	100.00	2442.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	97499.53	560121.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1077.65	108973.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1077.65	108973.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Robelynn H. Abadie		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address 4933 Antioch Blvd.		Transaction ID: R1690458
City Baton Rouge	State LA	Zip Code 70817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.00	

B. Full Name (Last, First, Middle Initial) Ms. Robelynn H. Abadie		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 4933 Antioch Blvd.		Transaction ID: R476116
City Baton Rouge	State LA	Zip Code 70817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed	Occupation Insurance Agent	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.00	

C. Full Name (Last, First, Middle Initial) Mr. Michael J. Ables, LUTCF		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address PO Box 2205		Transaction ID: R1690459
City Avila Beach	State CA	Zip Code 93424-2205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

SUBTOTAL of Receipts This Page (optional)

326.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Paul Adams
Mailing Address 5101 Missy Maric Lane

City State Zip Code
Las Vegas NV 89130

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688001

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Dudley C. Aist, Jr.
Mailing Address P O Box 280

City State Zip Code
Charlotte Hall MD 20622

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: R475392

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. James M. Allen
Mailing Address 414 McCall Street

City State Zip Code
Waukesha WI 53186-6009

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689606

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

352.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Carol A. Anderson, LUTCF, CFP

Mailing Address 717 N. 87th St.

City State Zip Code
 Omaha NE 68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691130

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code
 Jonesborough TN 37659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691124

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. William C. Anderson, LUTCF

Mailing Address 205 Whippoorwill Lane

City State Zip Code
 Altamonte Spgs FL 32701-7827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691476

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William C. Anderson, LUTCF

Mailing Address 205 Whippoorwill Lane

City State Zip Code
 Altamonte Spgs FL 32701-7827

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: R476179

Amount of Each Receipt this Period

100.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code
 Washington DC 20001-5006

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: R475986

Amount of Each Receipt this Period

20.83

Check

C. Full Name (Last, First, Middle Initial)

Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code
 Washington DC 20001-5006

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: R475991

Amount of Each Receipt this Period

20.83

Check

SUBTOTAL of Receipts This Page (optional)

141.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. David William Ashley

Mailing Address 10939 N W 32 PI

City State Zip Code
 Gainesville FL 32606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690726

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Douglas E. Aycock, CLU, ChFC

Mailing Address 5113 Southwest Pkwy # 200

City State Zip Code
 Austin TX 78735-8915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690859

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Barbara B. Balser, CLU, ChFC

Mailing Address 750 Park Avenue, NE
 42PH

City State Zip Code
 Atlanta GA 30326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: R476010

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

334.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John C. Beckwith
Mailing Address 1908 Greenbriar Drive

City State Zip Code
Portage MI 49024-5787

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690884

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Kent A. Bennett
Mailing Address 280 Hollow Road

City State Zip Code
Muncy PA 17756-5789

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691499

Amount of Each Receipt this Period

87.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert A. Berg, CLU, LUTCF
Mailing Address 1405 Blackberry Lane

City State Zip Code
Stevens Point WI 54481-9140

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690174

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

159.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas C. Besselman

Mailing Address 6421 Perkins Rd # 2b

City State Zip Code
Baton Rouge LA 70808-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689992

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David B. Bianchi, CLU

Mailing Address 1125 Beldon Way

City State Zip Code
Reno NV 89503-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690691

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. J. Blayne Bird

Mailing Address 315 Willow Drive

City State Zip Code
Blackfoot ID 83221-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689302

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Eleanor B. Blaylock

Mailing Address 9439 Gay Lane

City State Zip Code
Oil City LA 71061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689551

Amount of Each Receipt this Period

62.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Brian D. Boesiger, CSA, LUTC

Mailing Address 7021 S. 33rd Street

City State Zip Code
Lincoln NE 68516-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688252

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Lane Boozer

Mailing Address 1400 N Corinth St Ste 109

City State Zip Code
Corinth TX 76208-5444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689255

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James F. Boylan, LUTCF, CIC
Mailing Address 8489 N.W. 15th Ct

City State Zip Code
Coral Springs FL 33071-6214

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: R475866

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. John J. Bradley, CLU
Mailing Address 148 Grove Street

City State Zip Code
Westwood MA 02090

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690513

Amount of Each Receipt this Period

41.66

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Gary A. Bramon, CLU, ChFC
Mailing Address 269 San Felipe Way

City State Zip Code
Novato CA 94945-1687

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691080

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

341.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John G. Brandt, LUTCF, FIC

Mailing Address 2103 Sunset Lane

City

La Crosse

State

WI

Zip Code

54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690255

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City

Maybee

State

MI

Zip Code

48159-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1506.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691240

Amount of Each Receipt this Period

208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Frank H. Briggs, Jr., CLU, C

Mailing Address 2610 Bohler Rd NW

City

Atlanta

State

GA

Zip Code

30327-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691225

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

288.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. C. Robert Brown, Sr.

Mailing Address 8675 WestCott

City State Zip Code
 Germantown TN 38138-7738

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689298

Amount of Each Receipt this Period

62.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael O. Brown, LUTCF

Mailing Address 6512 Nell 3

City State Zip Code
 Edmond OK 73013

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691000

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Dennis A. Brumbaugh, LUTCF

Mailing Address 17 Conley Lane

City State Zip Code
 Elma WA 98541

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690783

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. George B. Bryce, CLU, ChFC

Mailing Address 2730 Ardon Ln

City State Zip Code
 Casper WY 82609-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691049

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James A. Buchan, CLU, ChFC

Mailing Address 5716 W. Orlando Circle

City State Zip Code
 Broken Arrow OK 74011-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690705

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Jaford D. Burgad, LUTC

Mailing Address 3842 N. 10th St.

City State Zip Code
 Fargo ND 58102-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689747

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Donna J. Burrill, CLU, ChFC,

Mailing Address P.O.BOX 143

City State Zip Code
FORT COLLINS **CO** **80522-0143**

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
07 **10** **2007**

Transaction ID: R1691258

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. David D. Cameron, LUTCF

Mailing Address 1142 FAIRVIEW AVE.

City State Zip Code
Rupert **ID** **83350**

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
07 **10** **2007**

Transaction ID: R1691201

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Christopher D. Campbell, CLU, ChFC

Mailing Address 2511 Brandon Road

City State Zip Code
Upper Arlington **OH** **43221**

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.25

Date of Receipt

M M / D D / Y Y Y Y
07 **10** **2007**

Transaction ID: R1690008

Amount of Each Receipt this Period

4.25

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

64.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Kelli J. Carmichael, CLU, LUTCF

Mailing Address 2914 S Coffman

City State Zip Code
Casper WY 82604-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691414

Amount of Each Receipt this Period

22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Brian M. Cassell, CLU

Mailing Address 6017 Pine Ridge Rd
#254

City State Zip Code
Naples FL 34119-3956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: R476171

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Brian E. Chambley, CLU, LUTCF

Mailing Address 37211 Audubon Park Ave

City State Zip Code
Geismar LA 70734-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: R475646

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

522.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mark A. Chandik, CLU, ChFC

Mailing Address 42 Ritz Cove Drive

City State Zip Code
Dana Point CA 92629

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689789

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Chandik, MBA

Mailing Address 1332 Shorebird Ln

City State Zip Code
Carlsbad CA 92011-4884

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689976

Amount of Each Receipt this Period

47.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Queenie M. Chee, CLU, LUTCF

Mailing Address 833 Waika Place

City State Zip Code
Honolulu HI 96825-1061

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689854

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

194.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James C. Clabuesch
Mailing Address 11375 Fairway Dr

City State Zip Code
Roscommon MI 48653

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1687693

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Cylinda A. Clark
Mailing Address 4002 San Mateo

City State Zip Code
Plano TX 75093-6618

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689343

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Thomas R. Clark, CLU, ChFC
Mailing Address 1603 22nd St Ste 202

City State Zip Code
West Des Moines IA 50266-1410

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690988

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

144.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Edward R. Clink Mailing Address 1263 W. Square Lake Rd. City Bloomfield Hills State MI Zip Code 48302-0845 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7 Transaction ID: R476081 Amount of Each Receipt this Period 250.00 Credit Card
B. Full Name (Last, First, Middle Initial) Mr. J Michael Clinton Mailing Address 3525 Tilford Cir City Monroe State LA Zip Code 71201 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 7 Transaction ID: R1687893 Amount of Each Receipt this Period 50.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Mr. Gordon T. Colburn Mailing Address 126 Crystal Springs Road City San Dimas State CA Zip Code 91773 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 297.50		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 7 Transaction ID: R1690769 Amount of Each Receipt this Period 42.50 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

342.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Norman A. Coltrane, LUTCF
Mailing Address 1607 Hatherleigh Drive

City State Zip Code
Fayetteville NC 28304-3643

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.25

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691104

Amount of Each Receipt this Period

60.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Cothron
Mailing Address 4280 SW 20th Ave

City State Zip Code
Ocala FL 34474-5950

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: R476164

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. David A. Culley, CLU, ChFC
Mailing Address 4187 Club Drive N.E.

City State Zip Code
Atlanta GA 30319-1115

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691466

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

352.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jack H. Curtis

Mailing Address 1508 Morning Glory Cr.

City State Zip Code
Tupelo MS 38801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691387

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Vincent M. D'Addona, CLU, ChFC

Mailing Address 141 Greenway Road

City State Zip Code
Lido Beach NY 11561-4828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691126

Amount of Each Receipt this Period

85.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. John A. Davidson, LUTCF, FSS

Mailing Address 1497 Rancho Lane

City State Zip Code
Thousand Oaks CA 91362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 7

Transaction ID: R476184

Amount of Each Receipt this Period

-50.00

DA

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John A. Davidson, LUTCF, FSS

Mailing Address 1497 Rancho Lane

City State Zip Code
 Thousand Oaks CA 91362

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 1 / 2 0 0 7

Transaction ID: R476185

Amount of Each Receipt this Period

50.00

CA

B. Full Name (Last, First, Middle Initial)

Mr. John A. Davidson, LUTCF, FSS

Mailing Address 1497 Rancho Lane

City State Zip Code
 Thousand Oaks CA 91362

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691111

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. William James DeBruin, LUTCF

Mailing Address 106 Edgewood Ln

City State Zip Code
 Combined Locks WI 54113

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690642

Amount of Each Receipt this Period

72.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

227.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Glenn P. Deal, Jr.

Mailing Address 58 Golf Course Ln.

City State Zip Code
 Taylorsville NC 28681-7847

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690253

Amount of Each Receipt this Period

46.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. John R. Dean, LUTCFLU,

Mailing Address 1700 S.W. 15th Ave.

City State Zip Code
 Willmar MN 56201

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691430

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Paul R. Decker, CLU, ChFC

Mailing Address Box 1832

City State Zip Code
 Idaho Falls ID 83403-1832

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691261

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

147.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David V. Dellinger
Mailing Address 3052 Stanton Circle

City State Zip Code
Carmichael CA 95608

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691406

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David S. Dickenson, II, CLU, Ch
Mailing Address 7535 Brigham Road

City State Zip Code
Gates Mills OH 44040

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690868

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lyle Domenitz, LUTCF, RFP
Mailing Address 12367 N Antelope Trl

City State Zip Code
Parker CO 80138

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688233

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Lyle Domenitz, LUTCF, RFP

Mailing Address 12367 N Antelope Trl

City State Zip Code
Parker CO 80138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: R476249

Amount of Each Receipt this Period

-42.00

RT

Full Name (Last, First, Middle Initial)

B. Mr. Lyle Domenitz, LUTCF, RFP

Mailing Address 12367 N Antelope Trl

City State Zip Code
Parker CO 80138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: R475780

Amount of Each Receipt this Period

42.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Daniel D. Duren, CLU, ChFC, L

Mailing Address 6537 S. 34th Street

City State Zip Code
Lincoln NE 68516-5428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689851

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

42.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 116

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Matthew Edelstein, CLU,ChFC

Mailing Address 1550 Penstemon Ct

City State Zip Code
 Grayslake IL 60030

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 0 7

Transaction ID: R475610

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Matthew Edelstein, CLU,ChFC

Mailing Address 1550 Penstemon Ct

City State Zip Code
 Grayslake IL 60030

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688094

Amount of Each Receipt this Period

8.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Donald A. Eichelberger

Mailing Address 3217 Highway D65

City State Zip Code
 Dysart IA 52224-9750

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691427

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

308.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. M. Jay Einstein, CLU
Mailing Address 59 Margarete Dr.

City State Zip Code
Pittsgrove NJ 08318-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690838

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Daryl R. Ellis, CFP
Mailing Address 521 Lauray Court

City State Zip Code
Baton Rouge LA 70808-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: R475762

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Shannon J. Enders
Mailing Address 5677 Westwood Drive

City State Zip Code
Muskegon MI 49441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690688

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

364.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 116

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Scott Engell, LUTCF

Mailing Address 757 Armadillo Drive

City State Zip Code
 Deltona FL 32725-2651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: R476170

Amount of Each Receipt this Period

100.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Ronald W. Erickson, CLU, AEP,

Mailing Address 3002 St. Regis Rd

City State Zip Code
 Greensboro NC 27408-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.75

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690997

Amount of Each Receipt this Period

46.75

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Byron Hyatt Erstad, Jr.

Mailing Address 2510 S Nantucket Way

City State Zip Code
 Boise ID 83706-5095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690984

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

197.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Stephen D. Estler, CLU, ChFC

Mailing Address 2177 NE 63 St.

City State Zip Code
 Fort Lauderdale FL 33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691010

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. John Everett, LUTCF

Mailing Address 531 Daniel

City State Zip Code
 Santa Maria CA 93454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690215

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thomas F. Flournoy, Jr., CLU

Mailing Address 5300 Zebulon Rd

City State Zip Code
 Macon GA 31210-2199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690826

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

126.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Marvin K. Fore, Jr.
Mailing Address 3054 Kingfisher Point

City State Zip Code
Chuluota FL 32766

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: R475513

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. H. Larry Fortenberry, CPA, CLU, Ch
Mailing Address 603 Gordon PI

City State Zip Code
Madison MS 39110-9799

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690860

Amount of Each Receipt this Period

52.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lawrence J. Fowler, Jr.
Mailing Address 481 Route 82

City State Zip Code
Oakdale CT 06370-1149

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690879

Amount of Each Receipt this Period

110.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

412.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code
 Bellevue WA 98006

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690640

Amount of Each Receipt this Period

107.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Debra L. Franklin-Schatzki

Mailing Address 380 W 12th St

City State Zip Code
 New York NY 10014

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691120

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert L. French, LUTCF

Mailing Address 4105 Sheridan Lake Road

City State Zip Code
 Rapid City SD 57702

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690494

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

179.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Peter Fulchiron, CLU, LUTCF

Mailing Address 411 San Andreas Drive

City State Zip Code
 Novato CA 94945-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691507

Amount of Each Receipt this Period

208.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Donald T. Fulton, CLU, ChFC

Mailing Address 43 Bridleshire Road

City State Zip Code
 Newark DE 19711-6217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 0 7

Transaction ID: R475583

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Jules O. Gaudreau, Jr., ChFC,

Mailing Address PO Box 369
 1984 Boston Rd

City State Zip Code
 Wilbraham MA 01095-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: R476029

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

958.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James O. Geitgey, LUTCF, FIC

Mailing Address 279 Glenmore Dr.

City State Zip Code
 Springfield OH 45503

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690919

Amount of Each Receipt this Period

37.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Keith M. Gillies, CLU, ChFC,

Mailing Address 109 W. Lakeview Dr.

City State Zip Code
 La Place LA 70068-2427

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690338

Amount of Each Receipt this Period

62.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Constance Y. Golleher

Mailing Address PO Box 255

City State Zip Code
 Mc Lean VA 22101

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688127

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. James R. Goodrich, CLU, ChFC

Mailing Address 1860 Beech

City State Zip Code
 Mt. Pleasant MI 48858-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689594

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Stephen J. Gowers, CLU, CEP

Mailing Address 2809 Avenue of The Woods

City State Zip Code
 Louisville KY 40241-6233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: R475537

Amount of Each Receipt this Period

300.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Frederick L. Granados, LUTCF, FSS

Mailing Address 1145 Davis Avenue

City State Zip Code
 Concord CA 94518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690321

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

384.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Todd G. Grantham
Mailing Address 203 Brandermill Drive

City State Zip Code
Durham NC 27713

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.25

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689600

Amount of Each Receipt this Period

46.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Haberman, LUTCF
Mailing Address 6511 Campbell

City State Zip Code
Lincoln NE 68510-4119

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: R476094

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Karl Erik Hansen, CLU, ChFC,
Mailing Address 900 North Shoreline Boulevard

City State Zip Code
Mountain View CA 94043-1933

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691394

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

339.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Roderick P. Hansen
Mailing Address 21612 Marigot Dr.

City State Zip Code
Boca Raton FL 33428

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 7

Transaction ID: R475814

Amount of Each Receipt this Period

500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Alex Hanson, CLU, ChFC,
Mailing Address 7888 Glen Finnan Cir

City State Zip Code
Ft Myers FL 33912

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691358

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William N. Haraway
Mailing Address 113 Fairview Ave

City State Zip Code
Frederick MD 21701-4017

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691410

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Hawco, CLU, ChFC
Mailing Address 900 Rockhurst Drive

City State Zip Code
Lincoln NE 68510-4114

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691132

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Samuel H. Hazleton, IV
Mailing Address 4220 Lakeshore Drive

City State Zip Code
Diamond Point NY 12824

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689609

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Terry K. Headley, LUTCF, LIC
Mailing Address 20704 Meadow Ridge Dr

City State Zip Code
Springfield NE 68059-7086

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689519

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

292.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Mary P. Heck, LUTCF, CFP

Mailing Address 14301 First National Bank Parkway

City State Zip Code
 Omaha NE 68154

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 0 7

Transaction ID: R475381

Amount of Each Receipt this Period

1250.00

Check

Full Name (Last, First, Middle Initial)

B. Sharon G. Heierman, CAE

Mailing Address 2990 Kemp Rd

City State Zip Code
 Havana FL 32333

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688043

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Steven B. Heinz

Mailing Address 1341 E 600 N

City State Zip Code
 Orem UT 84097

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689588

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

1342.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Marcus T. Henderson, Sr., LUTC

Mailing Address 109 Barrington Court East

City State Zip Code
 Franklin TN 37067

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691078

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Ronald G. Hester, CLU, ChFC

Mailing Address 261 New River Heights Rd.

City State Zip Code
 Boone NC 28607

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.25

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691098

Amount of Each Receipt this Period

46.75

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Richard L. Hill, CLU, ChFC,

Mailing Address 2611 Alvo Road

City State Zip Code
 Seward NE 68434

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691418

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

130.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Timothy H. Holladay

Mailing Address 8926 Ross Ln.

City State Zip Code
 New Port Richey FL 34654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: R476173

Amount of Each Receipt this Period

200.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Jeff L. Holland, CLU, ChFC

Mailing Address 200 Matthew Drive

City State Zip Code
 Paducah KY 42001-6162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691252

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert J. Hollander, LUTC

Mailing Address 904 Rockhurst Dr.

City State Zip Code
 Lincoln NE 68510-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690062

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Bryon A. Holz, CLU, ChFC,

Mailing Address 207 Cindy Lane

City

Brandon

State

FL

Zip Code

33510-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: R475398

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City

Las Vegas

State

NV

Zip Code

89146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690025

Amount of Each Receipt this Period

66.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Darrel V. Hovde

Mailing Address PO Box 1806

City

Minot

State

ND

Zip Code

58702-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689352

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

346.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. April L. Howard Mailing Address 3386 Williamsburg City State Zip Code Boise ID 83706-5320 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7 Transaction ID: R1690581 Amount of Each Receipt this Period 57.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Mr. William A. Hume, LUTCF Mailing Address 1075 Woodfield Lane City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 297.50		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7 Transaction ID: R1689385 Amount of Each Receipt this Period 42.50 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Mr. Hollis O. Inglett, Jr., LUTCF Mailing Address 31 Cone Rd City State Zip Code Ormond Beach FL 32174-7903 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7 Transaction ID: R1691368 Amount of Each Receipt this Period 42.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

141.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jerry E. Jensen, LUTCF

Mailing Address 190 So. 800 W.

City State Zip Code
 Blackfoot ID 83221-6132

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689787

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. John C. Johns, LUTCF

Mailing Address 5141 Lilly Rd.

City State Zip Code
 Hazlehurst MS 39083

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690563

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Randall Keith Johnson

Mailing Address 207 Pea Creek Rd

City State Zip Code
 Belton SC 29627

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 5 / 2 0 0 7

Transaction ID: R475504

Amount of Each Receipt this Period

277.50

Check

SUBTOTAL of Receipts This Page (optional)

357.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kent S. Kallander
Mailing Address PO Box 771071

City State Zip Code
Eagle River AK 99577

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: R475645

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Terry M. Kaltenbach, CLU, ChFC
Mailing Address 1358 Ahlrich Ave

City State Zip Code
Encintas CA 92024-4029

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690672

Amount of Each Receipt this Period

125.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. John B. Kearns, LUTCF
Mailing Address 1802 First Ave

City State Zip Code
Scottsbluff NE 69361

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689451

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

417.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD Mailing Address 2901 Telestar Court City Falls Church State VA Zip Code 22042 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 731.50		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7 Transaction ID: R475987 Amount of Each Receipt this Period 52.25 Check
B. Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD Mailing Address 2901 Telestar Court City Falls Church State VA Zip Code 22042 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 731.50		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7 Transaction ID: R475992 Amount of Each Receipt this Period 52.25 Check
C. Full Name (Last, First, Middle Initial) Mr. Roy W. Kern, LUTCF,CLTC Mailing Address 3775 West Randall Road City Springfield State MO Zip Code 65810 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7 Transaction ID: R1691242 Amount of Each Receipt this Period 60.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

164.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard D. Kimmel
Mailing Address 6525 Bellaire Drive S

City State Zip Code
Ft Worth TX 76132-1138

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689508

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David G. Klemisch, LUTCF
Mailing Address 2801 26th Ave SW

City State Zip Code
Fargo ND 58103

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690019

Amount of Each Receipt this Period

51.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Casey C. Knake, CLU, ChFC
Mailing Address 2902 Mach I Dr.

City State Zip Code
Norfolk NE 68701-3238

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689784

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth E. Knox, CLU, ChFC
Mailing Address Unit 9, 10 East St

City State Zip Code
Providence RI 02906-3069

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690931

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Lance B. Kolbet, RHU, LUTCF
Mailing Address 4632 Mountain Park Rd.

City State Zip Code
Pocatello ID 83202-1702

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691059

Amount of Each Receipt this Period

126.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. David M. Koll, LUTCF
Mailing Address 1612 S. 152nd Street

City State Zip Code
Omaha NE 68144-5121

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690480

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

281.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gerald E. Koll, CLU, ChFC, L

Mailing Address 4162 Southshore Blvd.

City State Zip Code
 Lake Oswego OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 0 7

Transaction ID: R475412

Amount of Each Receipt this Period

750.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Richard A. Koob, CLU, ChFC,

Mailing Address 301 Frederick Street

City State Zip Code
 Waukesha WI 53186-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690716

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David T. Koppa, CLU, LUTCF

Mailing Address 1105 Via Bolzano

City State Zip Code
 Santa Barbara CA 93111-1053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690457

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

842.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William J. Koscic, CLU, ChFC

Mailing Address 56 E 54th St

City State Zip Code
Savannah GA 31405-3314

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: R475499

Amount of Each Receipt this Period

125.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. William J. Koscic, CLU, ChFC

Mailing Address 56 E 54th St

City State Zip Code
Savannah GA 31405-3314

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: R475500

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. W. Gary Langenhahn

Mailing Address 2 Briars Corners

City State Zip Code
Briarcliff Manor NY 10510-7350

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: R476133

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas R. Laster, RHU

Mailing Address 1713 Elmhurst Ave

City State Zip Code
 Nichols Hills OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691365

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Daniel L. Lawrence

Mailing Address 5553 Peters Drive

City State Zip Code
 West Bend WI 53095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689782

Amount of Each Receipt this Period

51.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Kevin J. LeBlanc

Mailing Address 9123 Linksvue Drive

City State Zip Code
 Knoxville TN 37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 0 7

Transaction ID: R475410

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

351.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Ronald B. Lee, CLU ChFC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address Group Strategies, LLC 292 Madison Avenue, 7th Floor		Transaction ID: R475870
City State Zip Code New York NY 10017-6318	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Lanny D. Levin, CLU, ChFC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address 313 Laurel		Transaction ID: R1691117
City State Zip Code Highland Park IL 60035-2619	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 294.00	

C. Full Name (Last, First, Middle Initial) Mr. Charlie E. Lewis, LUTCF		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 515 N Broad St		Transaction ID: R475588
City State Zip Code Thomasville GA 31792-4424	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

792.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard H. Lindsay
Mailing Address 11417 Sumac Lane

City State Zip Code
Camarillo CA 93012-8860

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: R476026

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. T. Leslie Littleton, LUTCF, CLU
Mailing Address 1025 E. Austin

City State Zip Code
Nacogdoches TX 75965-2964

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691434

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lawrence E. Lounds
Mailing Address 2477 Valley Oaks Circle

City State Zip Code
Flint MI 48532

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691464

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

397.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mrs. Patricia S. Lucas, CLU,CLTC,L

Mailing Address 8375 Starlight Lane

City State Zip Code
 Boones Mill VA 24065-1909

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690221

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Michael A. Lundy, LUTCF,CLF

Mailing Address 1289 Homestead Dr.

City State Zip Code
 Xenia OH 45385-7027

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: R475782

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. William J. Lynch, LUTCF

Mailing Address 5075 SW Griffith Dr. #200

City State Zip Code
 Beaverton OR 97005

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691187

Amount of Each Receipt this Period

37.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

329.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Dean G. Macheras, LUTCF

Mailing Address 61 Oakwood Dr

City

Monroe

State

LA

Zip Code

71203-2776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: R475761

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Mr. Glenford B. Malcolm, Sr.

Mailing Address P. O. Box 822315

City

South Florida

State

FL

Zip Code

33082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691477

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Joseph J. Maltese, CFP

Mailing Address 4176 Arikakee Court

City

Jacksonville

State

FL

Zip Code

32223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689952

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

334.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Leonard Martin, CSA
Mailing Address 98 Tennyson Rd

City State Zip Code
Warwick RI 02888

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690406

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Darren Scott Mason, CLU, ChFC
Mailing Address 178 Shorecliff Rd

City State Zip Code
Corona Del Mar CA 92625-2648

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690921

Amount of Each Receipt this Period

41.66

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Carl James Maus, LUTC
Mailing Address 432 Fort Saratoga

City State Zip Code
Saint Charles MO 63303-1766

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691425

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

142.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 116

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Vincent S. Mazzurco, CSA

Mailing Address P. O. Box 1060

City State Zip Code
Ocala FL 34478-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 20 2007

Transaction ID: R476177

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. James L. McConathy, Jr.

Mailing Address 706 Trenton St., Apt. 6

City State Zip Code
West Monroe LA 71291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
07 10 2007

Transaction ID: R1689652

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Juli Y. McNeely, LUTCF, CFP

Mailing Address S764 Hanson Road

City State Zip Code
Spencer WI 54479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
07 10 2007

Transaction ID: R1690290

Amount of Each Receipt this Period

51.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

351.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy J. Meenan

Mailing Address 204 South Monroe Street

City State Zip Code
Tallahassee 32301

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 20 2007

Transaction ID: R476165

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Mr. Dennis R. Merideth, CLU, ChFC

Mailing Address 6210 N. Camino Pimeria Alta

City State Zip Code
Tucson AZ 85718

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
07 10 2007

Transaction ID: R1690635

Amount of Each Receipt this Period

66.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. David A. Middaugh, CLU, AEP

Mailing Address 3273 Evergreen Road

City State Zip Code
Fargo ND 58102-1214

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
07 10 2007

Transaction ID: R1691423

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

692.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. M. Kay Mielke-Crookshanks, CSA
Mailing Address 18542 Elderberry St SW

City State Zip Code
Rochester WA 98579-8722

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: R476110

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Anthony D. Miller, CLU, ChFC,
Mailing Address 4502 Hi-Line Dr

City State Zip Code
Billings MT 59106

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690744

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Dennis L. Miller, LUTCF, CLU

Mailing Address 649 State Road
P.O. Box 186

City State Zip Code
Vassar MI 48768-0186

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690051

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

342.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code
 Bellingham WA 98229-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689074

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Paul N. Mogen

Mailing Address 2035 Manor Dr

City State Zip Code
 Casper WY 82609-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: R475574

Amount of Each Receipt this Period

100.00

Credit Card

Earmarked: NAIFA - Wyoming

C. Full Name (Last, First, Middle Initial)

Mr. Martin Montefel, CLU

Mailing Address 16932 SW 5th Way

City State Zip Code
 Weston FL 33326-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691054

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James W. Monteverde

Mailing Address WaterWorks Road

City State Zip Code
 Sewickley PA 15143

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691495

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Morales, LUTCF, CLT

Mailing Address 1125 Wyoming Avenue

City State Zip Code
 Reno NV 89503-3342

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688963

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Raymond H. Moran, CLU, ChFC

Mailing Address 5463 Irvin Park Cove

City State Zip Code
 Memphis TN 38119

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691246

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Joseph L Morton, III, JD

Mailing Address 5487 N. Bach

City State Zip Code
 Meridian ID 83642

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1687975

Amount of Each Receipt this Period

126.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Robert M. Nelson, CLU, LUTCF

Mailing Address 14712 Shirley Street

City State Zip Code
 Omaha NE 68144-2144

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691428

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. John F. Nichols, CLU, DIA

Mailing Address 1331 W Norwood Avenue

City State Zip Code
 Chicago IL 60660

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688819

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

218.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Shirley A. Nielsen, LUTC, CLU
Mailing Address 2817 Circle Drive

City State Zip Code
Grand Island NE 68801

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691420

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Frank R. Nolimal, CLU, ChFC,
Mailing Address 2017 Grafton Ave

City State Zip Code
Henderson NV 89014

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691339

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Ray C. Nowicky, CLU
Mailing Address 1718 Victoria Circle

City State Zip Code
Vero Beach FL 32967

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: R475855

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Brian E. O'Brien, CLU, ChFC, L

Mailing Address 1651 Wolf Run Dr.

City State Zip Code
 Richfield WI 53076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688591

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James W. Oglesby, LUTCF

Mailing Address P. O. Box 7156

City State Zip Code
 Asheville NC 28802-7156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691256

Amount of Each Receipt this Period

143.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Rex W Oliver

Mailing Address 1173 South 250 West
 Suite 201

City State Zip Code
 Saint George UT 84770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1687984

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

245.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Rae Lee Olson
Mailing Address 218 N El Monte Ave

City State Zip Code
Los Altos CA 94022-2354

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691402

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Mitchell W. Ostrove, CLU, ChFC
Mailing Address 4 New King Street

City State Zip Code
White Plains NY 10604-1202

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690484

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Gary M. Owens, LUTCF
Mailing Address PO Box 835

City State Zip Code
Sultan WA 98294

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689023

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Roger L. Owens, LUTCF, RHU

Mailing Address 51 Lance Ct

City State Zip Code
 Elkton MD 21921-7219

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688964

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Aldous Kawaiiani Paalani

Mailing Address 2219 Kaululaau Street

City State Zip Code
 Honolulu HI 96813-1230

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690761

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. John Palladino, Jr.

Mailing Address 15060 Becky Lane

City State Zip Code
 Monte Sereno CA 95030-2106

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689170

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Martin F. Palumbos, CLU, ChFC,
Mailing Address 87 Parkside Lane

City State Zip Code
Rochester NY 14612-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: R476159

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Pantozzi, CLU, ChFC
Mailing Address PO Box 95063

City State Zip Code
Las Vegas NV 89193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
07 10 2007

Transaction ID: R1691019

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Barton C. Pasco, CLU, ChFC,
Mailing Address 309 Running Cedar Lane

City State Zip Code
Richmond VA 23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y
07 10 2007

Transaction ID: R1691084

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Debbie K. Paul, CLU, ChFC
Mailing Address 4001 MacArthur Blvd Suite 300

City State Zip Code
Newport Beach CA 92660-2510

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690924

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Deborah L. Pearson, LUTC
Mailing Address 5709 Yukon St

City State Zip Code
Arvada CO 80002

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: R475523

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Gary H. Pendleton, CLU, ChFC
Mailing Address 2601 Oberlin Rd

City State Zip Code
Raleigh NC 27608-1319

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.81

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690630

Amount of Each Receipt this Period

45.83

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

338.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Shelly D. Pensky, LLC
Mailing Address 2855 S. 4th Avenue #118

City State Zip Code
Yuma AZ 85364-8150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: R1691181

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Brian R. Phares, LIC, RFC
Mailing Address 1420 Hackberry Road

City State Zip Code
North Platte NE 69101-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: R1691417

Amount of Each Receipt this Period

47.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. A. Duer Pierce, Jr.
Mailing Address 5818 Kennett Pike

City State Zip Code
Wilmington DE 19807-1116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: R1689031

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

102.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. R. Jan Pinney, CLU, ChFC,

Mailing Address 5152 Ellington Court

City State Zip Code
 Granite Bay CA 95746-7188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690491

Amount of Each Receipt this Period

208.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. B. Keith Potts

Mailing Address P.O. Box 821

City State Zip Code
 Wolfforth TX 79382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688489

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Charles W. Potts, CLU, RHU,

Mailing Address 12725 St. Andrews Ter

City State Zip Code
 Oklahoma City OK 73120-8807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690992

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

268.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Henry L Prien, CLU, LUTC

Mailing Address 415 38th St S Ste E

City State Zip Code
 Fargo ND 58103-1190

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691309

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Earl S. Prolman, CLU, ChFC

Mailing Address 100 Elm Street, Box 3405

City State Zip Code
 Nashua NH 03061-6405

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: R475787

Amount of Each Receipt this Period

125.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Craig L. Quinlan, CLU

Mailing Address 3430 Yorkshire Ct

City State Zip Code
 Palatine IL 60067

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1687834

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

217.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Edward F. Randolph
Mailing Address 1515 Mill Bay Road

City State Zip Code
Kodiak AK 99615-6233

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688500

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Kevin J. Reinke, LUTCF, CIC
Mailing Address 3418 43rd Street

City State Zip Code
Metairie LA 70001

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: R475764

Amount of Each Receipt this Period

500.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Robert W. Rensing, LUTCF
Mailing Address 2515 S. 105th Ave

City State Zip Code
Omaha NE 68124-1825

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689094

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. August P. Richter, IV, LUTCF,
Mailing Address 401 Wild Oak Drive

City State Zip Code
Manitowoc WI 54220-9054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688660

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Richard R. Rios, CLU, ChFC
Mailing Address 8720 El Chapul Way

City State Zip Code
Fair Oaks CA 95628-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688462

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert M. Roach, CLU, ChFC
Mailing Address 1287 Harrison Pond Drive

City State Zip Code
New Albany OH 43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.80

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: R475502

Amount of Each Receipt this Period

253.30

Check

SUBTOTAL of Receipts This Page (optional)

353.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert M. Roach, CLU, ChFC

Mailing Address 1287 Harrison Pond Drive

City State Zip Code
 New Albany OH 43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.80

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690721

Amount of Each Receipt this Period

117.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. David B. Romero, RFC, CRC,

Mailing Address 6909 Oak Hill Cir.

City State Zip Code
 Shreveport LA 71106-3415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 1 / 2 0 0 7

Transaction ID: R475710

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Howard M. Rosenblatt

Mailing Address 3530 NW 30th Place

City State Zip Code
 Gainesville FL 32605-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 8 / 2 0 0 7

Transaction ID: R475856

Amount of Each Receipt this Period

100.00

Check

SUBTOTAL of Receipts This Page (optional)

467.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Howard M. Rosenblatt

Mailing Address 3530 NW 30th Place

City State Zip Code
 Gainesville FL 32605-2613

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 8 / 2 0 0 7

Transaction ID: R475857

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Harry S. Rosnick, LUTCF

Mailing Address 3435 Jefferson Davis Hwy
 P.O. Box 360

City State Zip Code
 Fredericksburg VA 22404

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688426

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Harry S. Rosnick, LUTCF

Mailing Address 3435 Jefferson Davis Hwy
 P.O. Box 360

City State Zip Code
 Fredericksburg VA 22404

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 5 / 2 0 0 7

Transaction ID: R476054

Amount of Each Receipt this Period

50.00

Check

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Franklin W. Roth, LUTCF

Mailing Address 608 Buckwood Dr.

City State Zip Code
Orlando FL 32806-7023

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: R476180

Amount of Each Receipt this Period

500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Ms. Shelley M. Rowe, LUTCF

Mailing Address 5908 E. Conservation Dr.

City State Zip Code
Longmont CO 80504

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688900

Amount of Each Receipt this Period

37.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. D. David Russell

Mailing Address 8461 Eagle Preserve Way

City State Zip Code
Sarasota FL 34241-9449

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688581

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

587.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Daniel L. Rust, LUTC

Mailing Address 114 W. Arnold

City State Zip Code
 Bozeman MT 59715-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690528

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Daniel J. Scholz, CLU, ChFC

Mailing Address 1510 So. 183 Circle

City State Zip Code
 Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691267

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Allan B. Schon

Mailing Address 441 16th NW

City State Zip Code
 Minot ND 58703-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689201

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark B. Schwendeman

Mailing Address 427 4th St

City State Zip Code
 Marietta OH 45750-2004

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691474

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Walter J. Scott, CLU

Mailing Address 1022 WASHINGTON AVE.

City State Zip Code
 OSHKOSH WI 54901-5354

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690663

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Harry E. Sechman

Mailing Address 13 Beechwood Dr

City State Zip Code
 Rutland MA 01543-1751

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689002

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

110.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. James A. Shalek, Jr., CLU, Ch

Mailing Address 1706 Candleberry Lane

City State Zip Code
 Yorkville IL 60560-5810

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688587

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Jeffrey D. Sharp

Mailing Address 9735 Fieldcrest Dr.

City State Zip Code
 Omaha NE 68114

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: R476007

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Kenneth A. Sherlin, III, LUTC

Mailing Address 8 First Street

City State Zip Code
 Ashville NC 28803-1414

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688924

Amount of Each Receipt this Period

13.75

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

556.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Troy J. Shreve, CLU
Mailing Address 7100 S 45th Street

City State Zip Code
Lincoln NE 68516-3016

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690856

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Mark Shuster
Mailing Address 654 Fairview Ave

City State Zip Code
Sierra Madre CA 91024

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: R475429

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. James John Silbernagel, LUTCF,CFP
Mailing Address W 2329 Capital Drive

City State Zip Code
Campbellsport WI 53010-3010

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689188

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

602.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ken Simons, CLU, ChFC,
Mailing Address 808 Thoroughbred Lane

City State Zip Code
 Artesia NM 88210-2232

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.70

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690758

Amount of Each Receipt this Period

50.10

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. C. Gibbs Smith, Jr., CLU
Mailing Address 2028 Priest Rd

City State Zip Code
 Nashville TN 37215-5116

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 0 7

Transaction ID: R475632

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. H. Dan Smith, CLU, LUTCF
Mailing Address 1616 Rio Vista

City State Zip Code
 Dallas TX 75208-2338

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690533

Amount of Each Receipt this Period

210.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

760.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert O. Smith, CLU, ChFC,

Mailing Address 242 Greenbrier Dr SE

City State Zip Code
 Grand Rapids MI 49546-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: R475816

Amount of Each Receipt this Period

500.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City State Zip Code
 Canyon Lake CA 92587-7831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690557

Amount of Each Receipt this Period

208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City State Zip Code
 Flushing MI 48433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690578

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

916.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City State Zip Code
 Athens OH 45701-1904

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691118

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ms. Sharon L. Sparling, CIC

Mailing Address P.O. Box 1914

City State Zip Code
 Mount Vernon WA 98273-1914

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689240

Amount of Each Receipt this Period

45.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Preston R. Speece, LUTCF

Mailing Address 14620 Fowler Ave

City State Zip Code
 Omaha NE 68116

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688553

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Walter C. Sprye, Jr., CLU, C

Mailing Address 101 Stoney Brook Rd.

City State Zip Code
 Rocky Mount NC 27804

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.40

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691221

Amount of Each Receipt this Period

46.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Lawrence Stack, CLU, ChFC

Mailing Address 28411 Northwestern Hwy Ste 1300

City State Zip Code
 Southfield MI 48034-5543

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690603

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Angelo T. Stath

Mailing Address 7821 Massachusetts

City State Zip Code
 Merrillville IN 46410-5531

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691470

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶

146.20

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John P. Steele, LUTCF

Mailing Address 122 West Main

City State Zip Code
 Manhattan MT 59741

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688706

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Nicholas John Stosic

Mailing Address 9820 Dixon Lane

City State Zip Code
 Reno NV 89511-9455

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691180

Amount of Each Receipt this Period

126.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David L. Stratton, CLU, ChFC,

Mailing Address 13115 Beach Cir.

City State Zip Code
 Anchorage AK 99515-3748

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691039

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

261.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steven M. Stratton, LUTCF, CSA
Mailing Address 17131 Parkview Dr

City State Zip Code
Morgan Hill CA 95037-6606

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688941

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Michael W. Struebing, LUTCF, CLU
Mailing Address 16112 Parker Street

City State Zip Code
Omaha NE 68118-2429

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688547

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert A. Styrkiewicz, CLU, LUTCF
Mailing Address 25 Monterey Drive

City State Zip Code
Vernon Hills IL 60061-2332

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689102

Amount of Each Receipt this Period

56.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

204.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Stephen G. Summerlin, CFP

Mailing Address 4014 N. W. 15th Street

City

Gainesville

State

FL

Zip Code

32605-1912

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691107

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City

Signal Hill

State

CA

Zip Code

90755-4047

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688826

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Elwood B. Syverson, LUTCF

Mailing Address 509 Loomis Drive

City

Mauston

State

WI

Zip Code

53948-1522

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691192

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Sztapka

Mailing Address 3705 S. Judy Ave

City State Zip Code
 Sioux Falls SD 57103-7248

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688786

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Christopher J. Taggart

Mailing Address P.O. Box 2936

City State Zip Code
 Cody WY 82414-2936

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 0 7

Transaction ID: R475463

Amount of Each Receipt this Period

600.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Taggart

Mailing Address 1107 Cedar Ln.
P.O. Box 2433

City State Zip Code
 Cody WY 82414-2433

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691140

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City State Zip Code
 Old Orchard Beach ME 04064-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691519

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Roger G. Taylor, CLU, ChFC,

Mailing Address 3622 Wind Briar Ct.

City State Zip Code
 Battleboro NC 27809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R475678

Amount of Each Receipt this Period

2750.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Robert L. Tedoldi, Sr.

Mailing Address 1438 Woodstream Drive

City State Zip Code
 Oldsmar FL 34677-4832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: R476078

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

3322.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Benson B. Terrell, Jr., CFP

Mailing Address 9261 Lanier Rd

City State Zip Code
 Lake Charles LA 70605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688790

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Roland L. Terrell

Mailing Address 804 E 2nd

City State Zip Code
 Iowa LA 70647-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 7

Transaction ID: R475766

Amount of Each Receipt this Period

500.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Earl A. Thompson, RFC, LUTCF

Mailing Address 21014 Pricewood Manor Ct.

City State Zip Code
 Cypress TX 77433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688506

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

592.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Brad Tison, CLU, ChFC,

Mailing Address 3216 Southern Woods Drive

City State Zip Code
 Des Moines IA 50321

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688465

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mrs. Lynda D. Turner, LUTCF

Mailing Address 1070 South Bosque Loop

City State Zip Code
 Bosque Farms NM 87068-9063

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691207

Amount of Each Receipt this Period

45.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Charmaine Uhrig, LUTCF

Mailing Address RR 1 Box 273A

City State Zip Code
 Minatare NE 69356

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689394

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

137.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Brian Urie, CFP		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 7	
Mailing Address 2825 E. Cottonwood Pkwy STE 470		Transaction ID: R1688230	
City Salt Lake City	State UT	Zip Code 84121	Amount of Each Receipt this Period 2.50
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50		
B. Full Name (Last, First, Middle Initial) Mr. Howard Raymond Utz, LUTCF		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 7	
Mailing Address PO Box 480		Transaction ID: R1691075	
City Mars	State PA	Zip Code 16046	Amount of Each Receipt this Period 42.50
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.50		
C. Full Name (Last, First, Middle Initial) Mr. James H. Van Epps		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address 110 Walridge CT		Transaction ID: R475785	
City Roswell	State GA	Zip Code 30075-2182	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-employed	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Elbert Hardy Vaughn, Jr.

Mailing Address 711 Alba Dr.

City State Zip Code
 Orlando FL 32804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: R475569

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Richard D. Vonderlage, CSA, LUTCF

Mailing Address 15202 Sprague St

City State Zip Code
 Omaha NE 68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690895

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Mark R. Warren, LUTCF

Mailing Address 3603 Grandview

City State Zip Code
 Plainview TX 79072-6625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691379

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Carolyn R. Watson, LUTC

Mailing Address 2032 Hollis

City State Zip Code
 Abilene TX 79605-5726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688953

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Charles A. Webb

Mailing Address 2516 Longview Ave.

City State Zip Code
 Roanoke VA 24014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688348

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Mark A. Weber, CLU, ChFC,

Mailing Address 512 S. 158 Avenue Circle

City State Zip Code
 Omaha NE 68118-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: R476008

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

592.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. S. Mark Weeks, LUTCF, CLU

Mailing Address 1389 South 500 East

City State Zip Code
Salt Lake City UT 84105-2043

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 10 / 2007

Transaction ID: R1691263

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Matthew C. Weider, CLU, ChFC

Mailing Address 6855 Compton Heights Circle

City State Zip Code
Clifton VA 20124

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

07 / 10 / 2007

Transaction ID: R1688225

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code
Valley Center CA 92082-6808

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

07 / 10 / 2007

Transaction ID: R1688987

Amount of Each Receipt this Period

47.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

147.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Marlin D. Wells, CLU, ChFC,
Mailing Address 2201 N. Washington

City State Zip Code
Roswell NM 88201-3377

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688773

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Darrell E. Westby, CFP
Mailing Address 406 Alison Ave

City State Zip Code
Mechanicsburg PA 17055-6660

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: R475550

Amount of Each Receipt this Period

100.00

Check

Earmarked: NAIFA - Pennsylvania

C. Full Name (Last, First, Middle Initial)
Mr. Lester E. Westgard, CLU
Mailing Address 2714 26th Ave SW

City State Zip Code
Fargo ND 58103-5006

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688580

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Raymond M. White, ChFC, LUTCF

Mailing Address 24 Reverend Houston Drive

City State Zip Code
 Bedford NH 03110-5023

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 3 / 2 0 0 7

Transaction ID: R475479

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. William T. Whitmore, Jr., LUTCF

Mailing Address P. O. Box 4748

City State Zip Code
 Virginia Beach VA 23454-0748

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690619

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. William T. Whitmore, Jr., LUTCF

Mailing Address P. O. Box 4748

City State Zip Code
 Virginia Beach VA 23454-0748

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 5 / 2 0 0 7

Transaction ID: R476061

Amount of Each Receipt this Period

50.00

Check

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Lora Mae Whitt

Mailing Address 601 Timber Ln.

City State Zip Code
 Anderson SC 29621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 0 7

Transaction ID: R475449

Amount of Each Receipt this Period

177.50

Check

B. Full Name (Last, First, Middle Initial)

Mr. Irv Wiese, CLU, ChFC,

Mailing Address 318 Stamford Bridge Rd

City State Zip Code
 Columbia SC 29212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689162

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Boyd Lee Williams

Mailing Address 7023 W. Williamette Ave

City State Zip Code
 Kennewick WA 99336-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1688902

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

324.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Joel K. Williamson, CLU, CSA, L

Mailing Address 1750 Cord 16

City	State	Zip Code
Tulsa	TX	79088

FEC ID number of contributing federal political committee.

CName of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	7

Transaction ID: R1690944

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Cliff F. Wilson, CLU, ChFC,

Mailing Address 1458 W. Bahia Court

City	State	Zip Code
Gilbert	AZ	85233-5600

FEC ID number of contributing federal political committee.

CName of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	7

Transaction ID: R1688437

Amount of Each Receipt this Period

126.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Larry J. Winkelhake, CLU, ChFC

Mailing Address 18600 Longview Ct

City	State	Zip Code
Brookfield	WI	53045

FEC ID number of contributing federal political committee.

CName of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	7

Transaction ID: R1690644

Amount of Each Receipt this Period

90.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

246.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Benjamin Bunn Woodard, Jr.
Mailing Address 109 Bristol Court

City State Zip Code
Rocky Mount NC 27803-1203

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.25

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689008

Amount of Each Receipt this Period

46.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Edward A. Zabielski, Jr.
Mailing Address 104 Clay Ct.

City State Zip Code
Landenberg PA 19350

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691493

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Charles D. Zaleski, CLU, ChFC
Mailing Address 28400 Ridgethorne Ct

City State Zip Code
Rancho Palos Verde CA 90275-3258

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690725

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

193.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Alan R. Zalewski, CLU, ChFC,

Mailing Address 6908 North 27th Street

City State Zip Code
 Tacoma WA 98407-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1689235

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Theodore J. Zouzounis, CLU

Mailing Address 820 Mariposa Rd

City State Zip Code
 Lafayette CA 94549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1690618

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. H. Keith de Noble, LUTCF, CLU

Mailing Address 13200 W Markham Street, Suite 105

City State Zip Code
 Little Rock AR 72211-3285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: R1691173

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

122.50

TOTAL This Period (last page this line number only)

35061.16

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Union Bank

Mailing Address One First Union Center

City
Charlotte

State
NC

Zip Code
28288-1164

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9429

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1077.65

SUBTOTAL of Disbursements This Page (optional)

1077.65

TOTAL This Period (last page this line number only)

1077.65

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barrett for Congress

Mailing Address P.O. Box 869

City State Zip Code
Westminster SC 29693

Purpose of Disbursement
Contr. J. Gresham Barrett (SC-3-R-US)

Candidate Name
J. Gresham Barrett

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: D9408

Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address 610 S. Boulevard

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
Contr. Gus Bilirakis (FL-9-R-US House)

Candidate Name
Gus Bilirakis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 09

Transaction ID: D9390

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Campbell for Congress

Mailing Address 18004 Sky Park Circle, Suite 155

City State Zip Code
Irvine CA 92660

Purpose of Disbursement
Contr. John Campbell (CA-48-R-US House)

Candidate Name
John Campbell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: D9388

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clay Jr. for Congress

Mailing Address 625 N Euclid Avenue, Suite 200

City State Zip Code
St. Louis MO 63108

Purpose of Disbursement
Contr. William Lacy Clay, Jr. (MO-1-D-US)

Candidate Name
William Lacy Clay, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 01

Transaction ID: D9407

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

B. Clyburn for Congress

Mailing Address P.O. Box 12567

City State Zip Code
Columbia SC 29211

Purpose of Disbursement
Contr. James E. Clyburn (SC-6-D-US)

Candidate Name
James E. Clyburn

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: D9412

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Committee to Elect Nydia M. Velazquez to Congress

Mailing Address 315 Inspiration Lane

City State Zip Code
Gaithersburg MD 20878

Purpose of Disbursement
Contr. Nydia M. Velazquez (NY-12-D-US)

Candidate Name
Nydia M. Velazquez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: D9406

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

House)

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald Manzullo for Congress

Mailing Address PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement
Contr. Donald A. Manzullo (IL-16-R-US)

Candidate Name
Donald A. Manzullo

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: D9405

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

B. Friends of Senator Rockefeller

Mailing Address PO Box 1909

City Charleston State WV Zip Code 25327

Purpose of Disbursement
Contr. John D. Rockefeller, IV (WV-D-US)

Candidate Name
John D. Rockefeller, IV

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District:

Transaction ID: D9389

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

5000.00

Senate)

Full Name (Last, First, Middle Initial)

C. Friends of Tim Johnson

Mailing Address PO Box 17097

City Urbana State IL Zip Code 61820

Purpose of Disbursement
Contr. Timothy V. Johnson (IL-15-R-US)

Candidate Name
Timothy V. Johnson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Transaction ID: D9395

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hobson for Congress Committee

Mailing Address 82 W Columbia

City Springfield State OH Zip Code 45503

Purpose of Disbursement
Contr. David L. Hobson (OH-7-R-US House)

Candidate Name
David L. Hobson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: D9378

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Kind for Congress Committee

Mailing Address 505 King St. Suite 105

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contr. Ron Kind (WI-3-D-US House)

Candidate Name
Ron Kind

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: D9380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Marion Berry for Congress

Mailing Address P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement
Contr. Marion Berry (AR-1-D-US House)

Candidate Name
Marion Berry

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: D9397

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Pryor for US Senate

Mailing Address PO Box 2720

City
Little RockState
ARZip Code
72203Purpose of Disbursement
Contr. Mark L. Pryor (AR-D-US Senate)Candidate Name
Mark L. PryorCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: D9404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	7

Amount of Each Disbursement this Period

1000.00

B. Marsha Blackburn for Congress Inc.

Mailing Address PO Box 682185

City
FranklinState
TNZip Code
37068Purpose of Disbursement
Contr. Marsha Blackburn (TN-7-R-US)Candidate Name
Marsha BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D9381

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

House)

C. Martinez for Senate

Mailing Address P.O. Box 536176

City
OrlandoState
FLZip Code
32853Purpose of Disbursement
Contr. Mel Martinez (FL-R-US Senate)Candidate Name
Mel MartinezCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District:

Transaction ID: D9393

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	7

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mel Watt for Congress Committee

Mailing Address PO Box 36831

City State Zip Code
Charlotte NC 28236

Purpose of Disbursement
Contr. Melvin L. Watt (NC-12-D-US House)

Candidate Name
Melvin L. Watt

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 12

Transaction ID: D9379

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mike Crapo for US Senate

Mailing Address PO Box 1948

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Contr. Mike Crapo (ID-R-US Senate)

Candidate Name
Mike Crapo

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District:

Transaction ID: D9402

Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. National Leadership PAC

Mailing Address PO Box 5577

City State Zip Code
Manhattanville Sta NY 10027

Purpose of Disbursement
Contr. National Leadership PAC (PAC to

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual

Transaction ID: D9391

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

PAC)

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address PO Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contr. William J. Pascrell, Jr.

Candidate Name
William J. Pascrell, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 08

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9401

Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

2000.00

(NJ-8-D-US House)

Full Name (Last, First, Middle Initial)

B. Peter Hoekstra for Congress

Mailing Address 1454 Cimarron Drive

City Holland State MI Zip Code 49423

Purpose of Disbursement
Contr. Peter Hoekstra (MI-2-R-US House)

Candidate Name
Peter Hoekstra

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9396

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard E. Neal For Congress

Mailing Address 76 Magnolia Terrace #718

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contr. Richard E. Neal (MA-2-D-US House)

Candidate Name
Richard E. Neal

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D9385

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E. Neal For Congress

Mailing Address 76 Magnolia Terrace #718

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contr. Richard E. Neal (MA-2-D-US House)

Candidate Name
Richard E. Neal

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: D9386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Ryan for Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contr. Paul Ryan (WI-1-R-US House)

Candidate Name
Paul Ryan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: D9392

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Spratt for Congress Committee

Mailing Address PO Box 830

City York State SC Zip Code 29745

Purpose of Disbursement
Contr. John M. Spratt, Jr. (SC-5-D-US

Candidate Name
John M. Spratt, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: D9387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
Returned Check #12056 dated 4/3/2007 for

Candidate Name
John E. Sununu

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: D9409

Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

-1000.00

John E. Sununu (NH-R).

Full Name (Last, First, Middle Initial)

B. Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
Contr. John E. Sununu (NH-R-US Senate)

Candidate Name
John E. Sununu

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: D9410

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Bishop for Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Contr. Timothy Bishop (NY-1-D-US House)

Candidate Name
Timothy Bishop

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: D9383

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Trent Lott for Mississippi

Mailing Address PO Box 22824

City
Jackson

State
MS

Zip Code
39225

Purpose of Disbursement
Contr. Trent Lott (MS-R-US Senate)

Candidate Name
Trent Lott

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS

District:

Transaction ID: D9384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

61500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Gary T. Bottoms

Mailing Address 358 The Retreat

City
Marietta

State
GA

Zip Code
30064-1939

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D9403

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 116 / 116

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NAIFANature of Debt (Purpose):
Payroll, Benefits, Supplies, Copies, etc

Mailing Address 2901 Telestar Court

City State ZIP Code
Falls Church VA 22042-1205

Outstanding Balance Beginning This Period

23379.88

Transaction ID: DD#7711

Amount Incurred This Period

569.64

Payment This Period

0.00

Outstanding Balance at Close of This Period

23949.52

1) **SUBTOTALS** This Period This Page (optional)..... ▶

23949.52

2) **TOTALS** This Period (last page this line number only)..... ▶

23949.52

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶